

Emergency Contacts

Name: _____ Relationship to child: _____ Phone: _____

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Name(s) of Person other than Parent or Legal Guardian to whom child may be released:

My child has permission to walk home from the Program. Yes _____ No _____

My child _____ is in good health and free from communicable diseases. Yes _____ No _____

If no, please explain any medical/physical problems or activity restrictions:

(Signature or Parent or Guardian)

(Date Signed)

Please **Initial** one:

_____ I give permission to **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

_____ I do not give permission to **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

(Signature of Parent or Guardian)

(Date Signed)

Child's Physician or Health Clinic: Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Hospital Preferred for Emergency Treatment: _____

Health Insurance Policy Name and Number: _____

Allergies, if any: _____ Date of last tetanus shot: _____

I hereby give my permission to the **Bay County Recreation Program** for my child to be transported in a vehicle and/or participate in field trips.

(Signature of Parent of Guardian)

(Date Signed)

I hereby give my permission to the **Bay County Recreation Program** for my child to participate in swimming/pool activities.

(Signature of Parent or Guardian)

(Date Signed)

No Refunds as of June 13, 2006